

Attachments

City of College Station Unclaimed Property Claim Form



Claimant Information

Name of Claimant:						
	First	Middle		Last		
Current Mailing Address:			Curren	Current Street Address (if different):		
P.O. Box, Street, etc.			Street			
Building, Suite			Building, Suite			
City State Zip			City	State	Zip	
Please make sure you have provided a correct mailing address. Upon approval of this claim, a check will be sent to the address you indicated above.						
Daytime Phone Other Phone (In case we need to contact you about)	your claim)					
Identifying Information						
This information is necessary to validate proof of ownership of the property and will remain confidential.						
Driver's License # Issuing State Social Security #						
Previous Address						
	Property I	nformation				
Please provide the # and amount of the property you are claiming ownership for. This information is found by searching the City of College Station Unclaimed Property database at www.cstx.gov or by contacting the Accounting Division at (979) 764-3494.						
Property # Amount						
Signature and Date						
I certify that the information provided ab	oove is true and	d correct.				
Signature Date						

The following documents must be sent along with the claim form for the claim to be considered complete and valid:

Copy of driver's license or social security card (or student ID) Proof of previous address (copy of utility bill, canceled check, etc.)

Mail completed claim form and attachments to:

City of College Station Attn: Rocio Cortez - Accounting Division P.O. Box 9973

College Station, TX 77842-9973

Should you have any questions or need help in completing this form, please contact the Accounting Division at (979) 764-3494, or send an e-mail to:

rcortez@cstx.gov